HEARTLAND OF MILWAUKEE

3216 V	VEST	HIGHLAND	BOULEVARD

MILWAUKEE	53208	Phone: (414) 344-6515		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	95	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	95	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	91	Average Daily Census:	89

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	ફ ફ		17.6 38.5
Supp. Home Care-Household Services	No	Developmental Disabilities	2.2	Under 65	38.5	More Than 4 Years	23.1
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	26.4	65 - 74   75 - 84	23.1 30.8	i I	79.1
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic		85 - 94   95 & Over	6.6 1.1	************************************   Full-Time Equivalent	*****
Congregate Meals	No	Cancer	0.0	İ		Nursing Staff per 100 Res	
Home Delivered Meals Other Meals	No No	Fractures   Cardiovascular		   65 & Over		(12/31/03) 	
Transportation	No	Cerebrovascular				RNs	3.5
Referral Service Other Services	No No	Diabetes   Respiratory		Gender 	% 	,	15.4
Provide Day Programming for	37 -	Other Medical Conditions		Male		Aides, & Orderlies	28.4
Mentally Ill Provide Day Programming for	No	I 	100.0	Female	46.2	I 	
Developmentally Disabled	No		*****	 * * * * * * * * * * * * * * * * * * *	100.0		

## Method of Reimbursement

		Medicare			edicaid itle 19			Other		P	rivate Pay			Family Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	2.9	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	14	100.0	224	59	84.3	114	0	0.0	0	0	0.0	0	5	100.0	114	2	100.0	295	80	87.9
Intermediate				9	12.9	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	9.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		70	100.0		0	0.0		0	0.0		5	100.0		2	100.0		91	100.0

HEARTLAND OF MILWAUKEE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.1	Bathing	2.2		72.5	25.3	91
Other Nursing Homes	1.2	Dressing	13.2		68.1	18.7	91
Acute Care Hospitals	73.2	Transferring	37.4		41.8	20.9	91
Psych. HospMR/DD Facilities	7.3	Toilet Use	25.3		38.5	36.3	91
Rehabilitation Hospitals	4.9		46.2			13.2	91
Other Locations	2.4	********	******	*****	******	******	*****
otal Number of Admissions	82	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	9.9	Receiving Resp	iratory Care	2.2
Private Home/No Home Health	31.3	Occ/Freq. Incontiner	nt of Bladder	41.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	7.2	Occ/Freq. Incontiner	nt of Bowel	42.9	Receiving Suct	ioning	0.0
Other Nursing Homes	3.6				Receiving Osto	my Care	4.4
Acute Care Hospitals	15.7	Mobility			Receiving Tube	Feeding	9.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.2	Receiving Mech	anically Altered Diets	29.7
Rehabilitation Hospitals	0.0	1			_	-	
Other Locations	13.3	Skin Care			Other Resident C	haracteristics	
Deaths	28.9	With Pressure Sores		8.8	Have Advance D	irectives	11.0
otal Number of Discharges		With Rashes		1.1	Medications		
(Including Deaths)	83	i I			Receiving Psyc	hoactive Drugs	65.9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

***********	******	****	*****	*****	*****	*****	****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietarv	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	용	Ratio	양	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.2	84.7	1.10	88.1	1.06	86.6	1.08	87.4	1.07
Current Residents from In-County	87.9	81.8	1.07	88.7	0.99	84.5	1.04	76.7	1.15
Admissions from In-County, Still Residing	31.7	17.7	1.80	20.6	1.54	20.3	1.56	19.6	1.61
Admissions/Average Daily Census	92.1	178.7	0.52	189.9	0.49	157.3	0.59	141.3	0.65
Discharges/Average Daily Census	93.3	180.9	0.52	189.2	0.49	159.9	0.58	142.5	0.65
Discharges To Private Residence/Average Daily Census	36.0	74.3	0.48	75.8	0.47	60.3	0.60	61.6	0.58
Residents Receiving Skilled Care	90.1	93.6	0.96	94.9	0.95	93.5	0.96	88.1	1.02
Residents Aged 65 and Older	61.5	84.8	0.73	91.0	0.68	90.8	0.68	87.8	0.70
Title 19 (Medicaid) Funded Residents	76.9	64.1	1.20	48.6	1.58	58.2	1.32	65.9	1.17
Private Pay Funded Residents	0.0	13.4	0.00	30.8	0.00	23.4	0.00	21.0	0.00
Developmentally Disabled Residents	2.2	1.1	2.04	0.4	6.13	0.8	2.60	6.5	0.34
Mentally Ill Residents	57.1	32.2	1.78	31.3	1.83	33.5	1.71	33.6	1.70
General Medical Service Residents	0.0	20.8	0.00	24.1	0.00	21.4	0.00	20.6	0.00
Impaired ADL (Mean)	49.2	51.8	0.95	48.8	1.01	51.8	0.95	49.4	1.00
Psychological Problems	65.9	59.4	1.11	61.9	1.07	60.6	1.09	57.4	1.15
Nursing Care Required (Mean)	7.0	7.4	0.95	6.8	1.03	7.3	0.96	7.3	0.96